Sexual knowledge, contraception and accessing contraceptive methods among university students

The research for this article was collected and analysed between October 2013 and January 2014.

Author Biographies:
Dr Triece Turnbull is a Chartered Psychologist; a Health Psychologist (HCPC Registered); a Chartered Scientist and an Associate Fellow with the British Psychological Society. She is also a Fellow with the Royal Society for Public Health and a Chair for the Division of Health Psychology with the British Psychological Society. Although Triece Turnbull is dedicated to contributing to public health, her main research area is sex and relationship education (SRE) and sexual health whereby she has acquired numerous publications. Her experience of writing publications and her expertise in SRE and sexual health has also allowed her to be a reviewer for many journals (e.g. Sex Education Journal; National Institute for Health Research; Sage Open and Educational Research and Adolescent Health), including the Health Education Journal.

Professor Paul van Schaik Paul van Schaik is a Professor of Psychology at Teesside University. His research interests include human-computer interaction, judgement and decision-making.

Professor Anna van Wersch
Dr Anna van Wersch is Professor of Psychology, a Chartered Psychologist, and a Health Psychologist (HCPC Registered). In March 2012, Professor van Wersch received the prestigious title of Fellow of The British Psychological Society (BPS) to distinguish her as an internationally respected expert in health, and sports and exercise psychology. This title, which recognises a significant contribution to psychology, is the highest designation the Society can bestow. It demonstrates outstanding contribution to the advancement or dissemination of psychological knowledge or practice through research, teaching, publications or public service. In collaborations with colleagues she has brought in over 1 million pounds in grant money and disseminated psychological research through three books, nine book chapters and over 70 research publications. Regarding teaching, along with being a lecturer for under and postgraduate psychology modules, she has supervised to completion 13 PhDs, nine Clinical Psychology doctorates and over 100 undergraduate and 100 MSc theses. Her recent book Complementary Medicine and Health Psychology received very good reviews and is widely used. Other current research interests include sexual health education, breast cancer, and attitudes towards the male contraceptive pill.

Abstract

Purpose

The aim of this study was to examine the sex education received by British university students' and their perceptions of sex education received as well as their knowledge of contraception and accessing contraceptive methods.

Design/methodology/approach

A survey questionnaire was constructed and completed by 128 university students from the north-east of England.

Findings

The findings revealed that the majority of respondents reported to not having received good sex education at school even though they reported having knowledge of contraception and how to access it. The majority of respondents were unsure about the types of contraception to use and where to get sexual-health advice.

Originality/Value

Recommendations are made on interventions that could increase the uptake of contraceptive services among university students, which is an area where there is lack of research.

Keywords: sex education, knowledge, contraception, university students.

Article Classification: Research Paper.

Introduction

Effective sex education programmes and what constitutes them has become a contentious and controversial issue in England and Wales over the years (Attridge, 2011; Gilbert, Sawyer & McNeill, 2011), with many young people being dissatisfied with the sex education they received (Turnbull, van Wersch & van Schaik, 2010). However, there is considerable agreement between government bodies, healthcare professionals and school educators that sex and relationship education (SRE) should be given to children and young people so they are equipped with the knowledge, skills, and values to be safe, have positive relationships, and be responsible for their own sexual health and well-being in and approaching adulthood (Department for Children, Schools and Families, 2008; World Health Organisation, 2008). In support of good-quality SRE programmes, research has shown that they can have a protective effect on young people's sexual behaviour in that they start having sexual intercourse later, have fewer sexual partners, and are more likely to use condoms or other forms of contraception if sex were to occur (Kirby, 2007; NICE, 2010; UNESCO, 2009). There is an ongoing debate as to who should teach SRE and give young people the sexual-health and contraceptive information needed so they can make informed choices over their personal relationships and sexual behaviour (Attridge, 2011; Ford, 2011; Lepkowska, 2013; Turnbull & Forshaw, 2012).

Ofsted (2010), who are responsible for the inspection and regulation of SRE within British schools, suggest that parents should be involved in the sex education that is given to their children. Research has found that parents are not just able to educate their children about issues relating to sex and relationships,

but they are also able to support the emotional and physical aspects of their children's health and assist in preparing them for adult life (Turnbull, van Schaik & van Wersch, 2012; Turnbull, 2012; Turnbull, van Wersch & van Schaik, 2010). This is especially so in relation to mothers, who have been found to talk to their children the most about sexual matters, therefore having an influence over their children's knowledge and behaviour (Turnbull, 2012; Turnbull et al., 2011). In addition to parents being involved in the SRE that is given to their children, Ofsted (2010) also recommend that schools take a unified approach and involve (school and practice) nurses and other healthcare professionals in the delivery of SRE to their pupils. Since healthcare professionals can assist in bridging the gap between health and education they can have a beneficial role in complementing the school curriculum and the SRE that is delivered (Lepkowska, 2013; Turnbull & Forshaw, 2012; Turnbull, 2011). However, since sex education is only given formally until adolescents leave school in their mid-teens, it is important to distinguish where young people gain their sexual knowledge after this point, and identify any added support that may be needed.

Colleges and universities have no legal obligation to provide SRE and sexual-health information to their students. Although there is no research to suggest what, if any, SRE and sexual-health information is provided within colleges, most universities in United Kingdom (UK) offer general information on their websites detailing where to access local sexual-health services. However, what is unclear is the efficacy of these services and whether students actually access them to gain contraceptive and sexual-health advice. Otherwise, we could be assured that young people are gaining the essential information to

make informed choices over their personal relationships and sexual behaviour. Furthermore, this could aid in policy development for preventing unintended pregnancies and STIs among university students in the future. Therefore, the aim of this research was to explore university students' knowledge of sex, contraception and accessing contraception.

Method

Setting

Students from across three university campuses in the north-east of England completed a questionnaire on sexual health and contraception. Participants were recruited through opportunity sampling.

Participants

One hundred and twenty-eight students (82 female) took part in this exploratory study. All were aged 18 onwards (29% 18-20; 42% 22-25; 24% 26-30; 5% 31 or over).

Questionnaire and data analysis

The 10-item questionnaire was designed to identify (a) the quality of sex education received; (b) knowledge of contraception and how it could be accessed; (c) the types of contraception they would use based on their existing contraceptive knowledge, and (d) who they talk to, and learn most about sex and sexual health. Questions were based on a sex education communication model (see Turnbull et al., 2011) and further questions were asked specifically that related to contraception knowledge, and contraceptive use of university students. A pilot study was conducted prior to the questionnaire being used for this

exploratory study. Data were analysed through analysis of frequency distributions and logistic regression.

Results

Table 1
Descriptive summary of survey responses

	Good	Poor
Quality of sex education received	32	96
	(25)	(75)
Knowledge of contraception	125	3
	(98)	(2)
How to access contraception	100	28
	(78)	(22)
Knowledge of how to use contraception	45	83
	(35)	(65)
Knowledge of where to access sexual-health advice	20	108
	(16)	(84)
	Yes	No
Still need to know more about sex and sexual health	92	36
	(72)	(28)
	Family	Friends
Would like to learn more about sex and sexual health from certain people	42	50
	(84)	(64)
Talks about sex to:		
Friends	78	(61)
Mother	27	(21)
Father	3	(2)
Siblings	5	(4)
Other	14	(11)
	Female	Male
GP preferred for sexual-health advice	69	37
	(84)	(40)

Note. Figures are frequencies, with percentages in brackets.

Of the 128 university students 75% ($\chi^2(1) = 32.00$, $p < 0.001$) reported that they did not receive good sex education from school. Moreover, 72% ($\chi^2(1) = 24.50$, $p < 0.001$) reported that even as young adults they still needed to know more about sex and sexual health. A majority of respondents (61%) stated they talked

to their friends most about sex; others talked mainly to their mother (21%), their father (2%), a sibling (4%) or others (11%). The odds for those who talked most to family members (father, mother or sibling) to feel they needed to know more were 2.94 greater than for those who talked most to friends, OR = 2.94, CI(0.95) = [1.21; 7.13].

The vast majority of participants felt they had a good knowledge of contraception (98%, $\chi^2(1) = 120.13$, $p = 0.001$) and how to access it (78%, $\chi^2(1) = 40.50$, $p = 0.001$). However, only 35% of students felt they had a firm understanding of what contraception to use, $\chi^2(1) = 5.37$, $p < 0.05$, and even fewer (16%) reported knowing where to go for sexual-health advice, $\chi^2(1) = 57.78$, $p < 0.001$.

Regarding preference, the odds for female students to prefer speaking to a general practitioner (GP) for sexual-health advice were 9.05 greater than for male students (who were more likely to prefer using walk-in pharmacies and/or a clinics to gain contraceptives and sexual-health advice), OR = 9.05, CI(0.95) = [3.90; 21.02]. A descriptive summary of responses are presented in Table 1.

Discussion

Although it is generally accepted that greater efforts need to be undertaken to improve the SRE that is given to children and young people within schools (Attridge, 2011; Gilbert, Sawyer & McNeill, 2011; Department for Children, Schools and Families, 2008; World Health Organisation, 2008), this research has highlighted that poor sex education can have possible implications not just regarding students' knowledge, but also their understanding of contraception and where to access contraceptive methods if needed. Most students found the sex education they had received poor and found they needed to know more about

sex and sexual health, and the majority of students reported talking mainly to their friends about sex and sexual matters, although many also preferred to talk to their mothers. The latter supports previous research (Turnbull et al., 2010), but these findings highlight the potential for peer education in universities for the future. However, it is important to accurately assess that these peers have the correct sexual-health knowledge for these programmes to be effective.

Our results also demonstrate problems in students' knowledge regarding contraception. Although students had a general knowledge of what contraception was this research has highlighted that only a minority believed they had a firm understanding of what contraception to use and an even smaller minority stated they knew where to access sexual-health advice. These findings point to a potential problem in particular for females who need contraception and contraceptive advice from their GP to prevent pregnancy, but do not know which contraception to use and where to access advice. There are a range of issues that need to be solved for this to take place. Firstly, females need to be registered with a GP near the university campus. Secondly, they need to have the knowledge of the type of contraception they wish to use, and thirdly, they need information on where to go for contraception and sexual-health advice. Although this research has found that it is mainly males who did not know where to go to access sexual health advice, barriers are also evident for females who are not getting the contraceptive and sexual health advice they need.

Poor sex education and knowledge about (a) sex and sexual-health, (b) contraception use and (c) accessing sexual-health advice have significant implications, not just for the sexual health and well-being of students, but also for

pregnancy- and STI rates, especially if they are engaging in sexual activity where contraception may not be used. In particular, it was recommended that in schools health professionals can complement SRE and sexual-health programmes (Ofsted, 2010) and this also applies to university students who at the very least should be aware of the contraception that is available, where to go to access it and where to go for sexual-health advice.

In an era where unintended pregnancies and STI rates are a public-health concern, we cannot just assume that the SRE provided in schools is sufficient. This research clearly identifies that the SRE provided is inadequate and therefore it is time that higher education institutions address the needs of their students adequately and offer services whereby they can access sexual-health information, and get the support that they need and want. Although universities provide information on sexual health via their websites it is clear from this research that it is not sufficient and we need to recognise that even as adults, students do not know enough about sex and contraception. However, given the past failure of SRE at school, it is important to address the needs of students who are experimenting with life, especially when they are at an age of exploring their own sexuality and developing relationships where sex can and does take place. It is therefore essential that colleges and universities be socially and politically responsible, and offer the sexual-health information and contraception that students need, so that unintended pregnancies and STIs can be avoided.

Recommendations

In the future, higher-education institutions need to do more and collaborate with health professionals when providing sexual-health advice to their students.

Health professionals also need to work with colleges and universities to develop effective sexual-health programmes aimed at meeting the needs of their students. From this research it is evident that sexual-health information via university websites is not sufficient in meeting the needs of students. Various health professionals such as nurses, health psychologists and GPs are competently positioned to guide and advise higher-education institutions on how to ensure students develop the required knowledge of sexual health and contraceptive to make informed choices over their personal relationships and sexual behaviour (for more information see Turnbull & Forshaw, 2010).

Conclusions

This work has demonstrated that a previously identified lack of knowledge regarding selecting contraception and accessing sexual-health advice in school pupils extends to university students. A concerted effort is needed to address this issue. With others, we aim to contribute to this effort in order to promote sexual health.

References

Attridge, S. (2011). Sexual health knowledge in Key Stages 3 and 4 in Wales. *British Journal of School Nursing, 6*(5), 243-247.

Department for Children, Schools and Families (2008). *Review of Sex and Relationship Education (SRE) in Schools,* available at *http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/SRE-Review-2008.pdf* (accessed 20 August, 2015).

Ford, S. (2011). "Wales set to meet school nurse target", available at *http://www.nursingtimes.net/nursing-practice/clinical-zones/school-nursing/wales-set-to-meet-school-nurse-target/5027742.article (*accessed 20 January, 2015).

Gilbert, G.G., Sawyer, R.G. and McNeill, E.B. (2011). *Health education: creating strategies for schools and community health.* London: Jones and Bartlett.

Gomez, R. and Santolaya, J. (2005). Being mother too early. *American Journal of Obstetrics & Gynaecology, 192*(3), 340-341.

Kirby, D. (2007). *Emerging answers 2007: research findings on programs to reduce teen pregnancy and sexually transmitted diseases.* Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

Lepkowska, D. (2013). Responding adequately to students' sexual health needs. *British Journal of School Nursing*, 8(5), 217-218.

National Institute for Clinical Excellence. (2010). "*Public health draft guidance; school, college and community-based personal, social, health and economic education focusing on sex and relationship and alcohol education"*

http://www.nice.org.uk/nicemedia/live/11673/49240/49240/pdf (accessed 21 March 2015).

Office for Standards in Education (Ofsted). (2010). "*Sex education is not good enough in 25% of schools",* www.bbc.co.uk/news/education-10737569 (accessed 25 October 2014).

Turnbull, T. (2012). *Sex and relationship education in British families.* LAP Lambert Academic Publishing. Germany: Saarbrucken. ISBN: 978-3-8484-0822.

Turnbull, T. and Forshaw, M.J. (2012). Sexual health and psychology: where theory meets life. *The Psychologist*, *25*(10), 748-751.

Turnbull. T., van Schaik. P., and van Wersch, A. (2012). Communication about sexual matters within the family: facilitators and barriers. *Health Education Journal,* 30(2), 40-47.

Turnbull. T., van Wersch, A., and van Schaik, P. (2011). A grounded theory approach to Sex and Relationship Education in British families. *Qualitative Methods in Psychology, 12*, 41-51.

Turnbull. T., van Wersch, A., and van Schaik, P. (2010). Evaluation of sex and relationship education in the family context using an interactive CD-ROM: a grounded theory approach. *European Journal of Contraception and Reproductive Health Care.* Vol. *15*(1), 95-96.

Turnbull. T., van Wersch, A., and van Schaik, P. (2010). Adolescents' preferences regarding sex and relationship education. *Health Education Journal, 69*(3), 277-286.

UNESCO (2009). *International Guidelines on Sexuality Education; and Evidence Informed Approach to Effective Sex, Relationships and HIV/STI Education,*

available at *http://unesdoc.unesco.org/images/0018/001832/183281e.pdf* (accessed 20 August, 2015).

World health Organisation (WHO) (2010). “A Framework for Action” *http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/ http://www.who.int.topics/sexual_health/en/* (accessed 21 January 2015).